

Payment Request Document - Input Form		The Commonwealth of Massachusetts
PRC OCD PVOCD 3220 7 _ _ _ _ _ 0000		ACTION: N or M   Department of Housing and Community Development
HEADER	VENDOR	Vendor Name and Address
Document Name: Record Date: Budget FY: 2007 Fiscal Year: 2007 Period: Doc. Description:	Vendor Cust.# <u>VC 6000</u> _ _ _ _ _	
Doc Total: _____	Vendor's Certification: I certify that the goods were shipped or the service rendered as set forth below.	
<b>Disbursement Options</b>	X _____ (Please sign in ink)	
Sched. Paymnt Date: Single Payment:                      Handling Code:		

COMMODITY	ACCOUNTING	FUND ACCOUNTING
Commodity Code: 841015010000	Event Type: AP01	Fund: 0100
Line Type:	Budget FY: 2007	Sub Fund: 0000
Contract Amount:	Fiscal Year: 2007	Department: OCD
Service From:	Period:	Unit: 3220
Service To:	Line/Check Description:	Approp Unit #: 70043037
<b>Reference</b>		Object: P01
Comm. Ref. Code: CT		
Comm. Ref. Dept.: OCD		
Comm. Ref. ID		
<u>SC OCD 3220</u> _ <u>640</u> _ _ _ _ _ <u>0000</u>	<b>Line Amount</b>	<b>Detail Accounting</b>
Comm. Reference VL:	\$	Program: F43037
Comm. Reference CL:		Program Period: 2006
Ref. Type Partial		
<b>Invoice Information</b>		
Vendor Invoice # :	Ref Acct. Line _____	Ref Type: Partial
Vendor Invoice Line : 1		
Vendor Invoice Date:		

TO THE COMPTROLLER OF THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify under the penalties of perjury that all laws of the Commonwealth of Massachusetts governing disbursements of public funds and the regulations thereof have been complied with and observed.

Prepared by: \_\_\_\_\_ Title Fiscal Representative/Monitor Date \_\_\_\_\_

Approved by: \_\_\_\_\_ Title DCS Finance Director Date \_\_\_\_\_

Entered by: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



PRC OCD PVOCD 3220 7 _ _ _ _ _ 0000			*** Extension ***		
COMMODITY		ACCOUNTING		FUND ACCOUNTING	
Commodity Code: 841015010000 Line Type: Contract Amount: Service From: Service To:  Reference  Comm. Ref. Code: CT Comm. Ref. Dept.: OCD Comm. Ref. ID SC OCD 3220 _ 640 _ _ _ _ _ 0000 Comm. Reference VL: Comm. Reference CL: Ref. Type Partial  Invoice Information  Vendor Invoice # : Vendor Invoice Line : 1 Vendor Invoice Date:	Event Type: AP01		Fund: 0100		
	Budget FY: 2007		Sub Fund: 0000		
	Fiscal Year: 2007		Department: OCD		
	Period:		Unit: 3220		
	Line/Check Description:		Approp Unit #: 70043037		
			Object: P01		
	Line Amount		Detail Accounting		
	\$		Program: F43037		
Ref Acct. Line ____		Ref Type: Partial		Program Period: 2006	
COMMODITY		ACCOUNTING		FUND ACCOUNTING	
Commodity Code: 841015010000 Line Type: Contract Amount: Service From: Service To:  Reference  Comm. Ref. Code: CT Comm. Ref. Dept.: OCD Comm. Ref. ID SC OCD 3220 _ 640 _ _ _ _ _ 0000 Comm. Reference VL: Comm. Reference CL: Ref. Type Partial  Invoice Information  Vendor Invoice # : Vendor Invoice Line : 1 Vendor Invoice Date:	Event Type: AP01		Fund: 0100		
	Budget FY: 2007		Sub Fund: 0000		
	Fiscal Year: 2007		Department: OCD		
	Period:		Unit: 3220		
	Line/Check Description:		Approp Unit #: 70043037		
			Object: P01		
	Line Amount		Detail Accounting		
	\$		Program: F43037		
Ref Acct. Line ____		Ref Type: Partial		Program Period: 2006	

